



PO Box 6166
Key West, FL 33041
Tel: (305) 293-8424 ♦ Fax (305) 293-8542
fkhsc@yahoo.com ♦ www.KeysHealthyStart.org

Board of Directors

Chair: Holly Merrill
Vice-Chair: Elizabeth MacGard
Secretary: Nicole Manning
Treasurer: Mary Williams
Past Chair: Cheryl Cottrell

At Large:

Shauna Gionfriddo
Audra Hill
Maggie Vogelsang, RNC, CCE
Linda Welsh
Lynn Wintermyer
Mary Williams

President/CEO

Arianna Nesbitt

Coalition Members

Children's Medical Services
Dept. Of Children & Families
Domestic Abuse Shelter
Early Steps/Easter Seals
Florida Keys AHEC
Florida Keys Community College
Lower Keys Medical Center
Keys Center for Girls
Healthy Families Monroe
Mariner's Hospital
Monroe County Health Department
Monroe County Detention Center
Early Learning Coalition of Miami --
Dade/Monroe
Monroe County Head Start
Monroe County Healthy Start
Monroe City School District Child Find
Monroe County Youth Challenge
Neighborhood Center
Representative Ron Saunders' Office
Stanley Sack, M.D.
Wesley House Family Services
WomanKind, Inc.

April 21, 2011

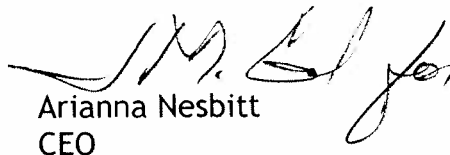
Ms. Lisa Tennyson
Monroe County Grants Administration Office
1100 Simonton Street
Second Floor, Room 2-213
Key West, FL 33040

Dear Ms. Tennyson,

Enclosed please find one original and six copies of our application for funding from the Monroe County Human Services Advisory Board for FY 2012.

Thank you for your consideration. We look forward to hearing from you.

Sincerely,


Arianna Nesbitt
CEO



**HEALTHY
START**

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Florida Keys Healthy Start Coalition, Inc.
Physical Address	1100 Simonton Street, Room 1
Mailing Address	PO Box 6166
City, State, Zip	Key West, FL 33041
Phone	305-293-8424
Fax	305-293-8542
Email	admin@keyshealthystart.org
Who should we contact with questions about this application?	Arianna Nesbitt (ceo@keyshealthystart.org)

Amount received for prior fiscal year ending 09/30/10	\$5000
Amount received for current fiscal year ending 09/30/11	\$5000
Amount requested for upcoming fiscal year ending 09/30/12	\$25,500

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

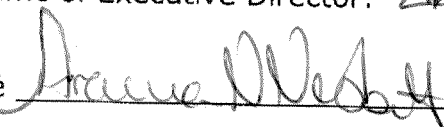
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

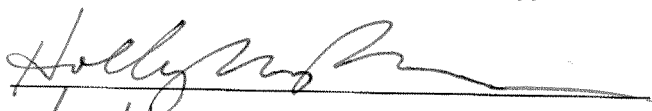
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: ARIANNA N. NESBITT

Signature 

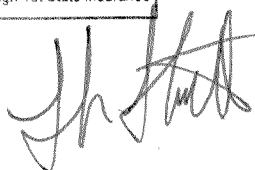
Date: 4/20/11

Typed Name of Board President/Chairman: HOLLY MERRELL PASCHEN

Signature 

Date: 4/11/11





Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The Florida Keys Healthy Start Coalition ensures that all parents and infants have access to resources and support to promote the health and well-being necessary for a successful pregnancy and a healthy start in life.

2. List the services your agency provides.

The Florida Keys Healthy Start Coalition serves families before, during and after pregnancy throughout Monroe County.

The programs we offer include:

- HEALTHY START. The Healthy Start program provides the following services: care coordination, childbirth education, home visitation program, nutritional information, smoking cessation counseling, assistance with Medicaid, psycho-social counseling referrals, breastfeeding education, as well as parenting education and resources.
- HEALTHY BABIES. The Healthy Babies program provides financial assistance for uninsured or underinsured women to obtain prenatal care to include doctor visits, labs and a post-partum visit. Through careful screening using established poverty guidelines, the Coalition identifies those women who lack adequate financial resources to access care. Without the assistance provided through this program, these women would be unable to obtain medical care for themselves and their unborn children, decreasing the likelihood of a positive birth outcome. Due to a lack of prenatal care available through any federally funded clinics and/or the Health Department in Monroe County, the Healthy Babies program must work in partnership with local obstetricians. The Coalition negotiates reduced-cost care for women qualifying for the program through pre-established vendor agreements that directly fund the medical care.
- BREAST PUMPS. The Coalition provides a breast pump loan program designed for mothers, who for a variety of reasons need to supplement breast feeding their babies by using a breast pump. We have 10 hospital-grade pumps that are loaned to new mothers in the Florida Keys on a revolving basis. Participation in the breast pump loan program is not dependent upon finances, but rather the needs of a new mother, such as the need to immediately return to work or to provide breast milk for a premature baby hospitalized in the Neonatal Intensive Care Unit at a Miami hospital.
- TRANSPORTATION ASSISTANCE. As the unique geography of our area creates a barrier to care in our community, we have created a transportation assistance program. We provide free bus passes to pregnant women living in the Middle Keys allowing them to travel to Key West where a majority of the medical providers are located. We also distribute Key West bus passes which clients use to reach their doctor's appointments, meet with their care coordinators and reach other locations necessary for a successful pregnancy.
- CHILD PASSENGER SAFETY. Through the Child Passenger Safety Campaign, we offer monthly children's car seat installation and inspection events. Parents can come to these events and have a certified child passenger safety technician properly install their child's

car seat. This program is intended to increase the number of parents who utilize the correct car seats for their children.

3. What services will be funded by this request?

For 2012, we are requesting \$25,500 in funding for our Healthy Babies Program which will provide prenatal care for 15 uninsured or underinsured pregnant women. This program provides the eligible clients with ten prenatal doctor visits, necessary lab work and one post-partum visit.

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:

Medical

Core Services

Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

The Coalition's Base contract funding from the Florida Department of Health (Contract COSDF) is contingent on meeting match requirements yearly. This contract serves to provide Healthy Start Services to Monroe County residents.

b. grant amount:

The 2011-2012 contract amount is unknown at this time. We are waiting for confirmation of next year's budget from the Florida legislature. Currently, the 2010-2011 contract amount is \$484,800.

c. match percentage requirement and amount:

The Florida Department of Health requires that the match amount be equal to or greater than 7.7% (or \$37,500).

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

The \$5000 provided by HSAB last year supports the Healthy Babies program. To date during fiscal year 2010-2011, the Healthy Babies program has paid for over 500 prenatal visits, all necessary lab work and 50 post-partum visits for pregnant clients with a demonstrated financial need.

The profile of a typical client helped by the Healthy Babies Program is a single mother with no paternal support who works two jobs, who has no medical insurance and has

been identified as high risk for medical complications. If not for the assistance provided by the Healthy Babies Program, she would not be able to afford her much-needed prenatal care, placing herself and her unborn child at risk for complications before, during and after delivery. These complications, in turn, frequently lead to significantly higher medical costs, inability to return to the work force, the loss of housing and, ultimately, a significant increase in the family unit's need for increased public and private support through Medicaid and social service agencies and not-for-profit organizations.

b. how they were used to leverage additional funding.

The Florida Department of Health contract is contingent upon leveraging additional funding. HSAB significantly contributes to the Coalition's ability to meet this requirement and to continue to carry the contract in Monroe County. This in turn allows the Coalition to bring nearly a half a million dollars into the community in order to provide services to pregnant women and infants up to age 3. For every dollar of HSAB funding, we are able to leverage \$7.70 from the state of Florida.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

The Coalition has a contract with the Monroe County Health Department to provide Healthy Start Services through our funding received from the Florida Department of Health.

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

No

11. What needs or problems in this community does your agency address?

The Florida Keys Healthy Start Coalition is the only entity in Monroe County that specifically assists families before, during and after pregnancy. We address issues related to

- poor maternal health
- infant mortality and morbidity
- prematurity and low birth weight
- infant malnutrition
- birth defects
- developmental delays
- social and behavioral difficulties in young children
- teen pregnancy
- parenting

We are requesting funding to assist with our Healthy Babies Program. This program assists uninsured or underinsured pregnant women who would delay or forego their prenatal care if this assistance wasn't provided. The lack of access to prenatal care leads to an increased chance of

infant mortality, premature birth and medically needy infants. Simply put, an additional unhealthy citizen born into our community.

There are a wide range of issues that could negatively impact a woman's pregnancy and having a healthy infant. Since our organization helps pregnant women and children up to age 3, we help our clients overcome these barriers to care not only for themselves but also for their children. Due to the geography of Monroe County and the majority of medical resources including the only hospital with a labor and delivery unit being located in Key West, transportation is often a barrier to care for our clients.

As Monroe County has a large international population, there is often a language barrier. Some doctors will not admit patients into their practice who are not able to speak English. We work with the doctors offices to provide translation services when necessary. Also, we match clients with doctor offices that have bi-lingual staffs who can accommodate the lack of a common language.

Clients also have difficulty in securing services from the Medicaid and WIC programs due to a lengthy complicated application process. This prevents clients from obtaining the medical care and proper nutrition necessary for the health and well-being for their families. Our staff is often able to assist clients in completing these application processes.

12. What statistical data support the needs listed in number nine?

In 2009, 17.1% of Monroe County births were to uninsured women, compared to the state average of 10.4%. The Coalition assisted 35% of these uninsured women through the Healthy Babies Program in FY 09-10. So far in FY 2010-2011, we have helped 50 women through this program.

For every \$1 spent on prenatal care, it saves society \$6 over the course of a child's life by reducing the burden on the medical community, alleviating the need for services from other social service agencies and reducing the need for government assistance.

As of March 2011, Florida ranks in the lower half on a number of indicators related to maternal and child health nationwide. Florida ranks 35th in the country for caring for children, 38th for low birth weight, 28th for infant mortality, 43rd for single parent families, and 32nd for children in poverty (The State of Florida's Child, 2011).

In 2009, the Coalition had contact with 441 out of 704 pregnant women (or approximately 63%). In 2010, this number increased and we established contact with 570 out of the 691 new mothers in Monroe County (or approximately 83%). We have seen our high maternal and child health risk factors decreasing with the increased number of clients we have established contact with. This shows that without these services, the health and well-being of the pregnant women and their children in our community would be negatively impacted.

Monroe County continues to rank in the highest or second highest risk category in the state on many maternal and child health indicators.

Highest Risk (4th Quartile):

- Little English spoken in family (linguistically isolated): 10.6%
- Births covered by Emergency Medicaid: 10.6%
- Females over 17 who engage in heavy or binge drinking: 18.6%
- Females over 17 who have a personal doctor: 73.2%
- Births to uninsured women: 17.1%
- C-Section Births: 39.1%
- Children under age 3 receiving Early Steps services for developmental delays: 5.4%

Second Highest Risk Quartile:

- Births among unwed teen mothers ages 15-19: 89.1%
- Very low birth weight infants born in subspecialty perinatal centers: 66.7%

(Florida Charts 2009 <http://www.floridacharts.com>)

13. What are the causes (not the symptoms) of these problems?

Large population of uninsured and underinsured women, high cost of living and low wages, low ratio of OB/GYN and Pediatric doctors to patients, access to Medicaid due to difficult application deadline and time-sensitive issues for pregnant women, limited and diminishing services by existing OB/GYNs and Pediatric doctors for non English speaking and/or Medicaid patients, single mothers with little education, geographic or transportation difficulties in finding and accessing care, domestic violence, and lack of knowledge or resources to prevent pregnancy.

14. Describe your target population as specifically as possible.

Our target population includes all women in Monroe County of childbearing age; those who are considering becoming pregnant, or are currently pregnant, new parents, and their infants up to age 3; regardless of income, socioeconomic status, race or immigration status. As the only agency specifically responsible for promoting maternal and child health, the Coalition provides education and outreach to the entire community, regardless of gender, childbearing age, or Healthy Start client status.

The Healthy Babies Program clients are women who are identified as Healthy Start clients due to increased risk factor(s) associated with their pregnancy. These women also have a demonstrated financial need and would not be able to afford prenatal care without the assistance of our program.

14. How are clients referred to your agency?

The state of Florida mandates that OB/GYNs conduct a Healthy Start screen of new patients upon their first prenatal visit. This prenatal screen determines how many risk factors are present which may indicate the decreased likelihood that a mother will have a healthy baby. Eligibility for Healthy Start services is determined by the number of risk factors noted on the prenatal screen, not financial need. These screens are reviewed weekly by Healthy Start staff to determine eligibility. High risk patients are then contacted for referral to the program.

In addition to the screening process, additional referral sources are self referral, physician or hospital referral, referral from other social service agencies (including Wesley House, Domestic Abuse shelter, Florida Keys Outreach Coalition, Monroe County School District, Healthy Families, Monroe County Detention Center, WIC, and Medicaid offices), public service announcements, and community outreach.

Infant clients are referred through infant Healthy Start screens conducted at the time of birth at the hospital. Healthy Start staff visits the hospital daily to collect infant screens and refers high scoring infants for services, again, without regard to financial need. Infants delivered out of county are referred through physicians and nurses at Miami-Dade hospitals, social workers and Miami-Dade Healthy Start staff.

For Healthy Babies clients, once it has been determined that these women are at a high risk for a poor birth outcome, and are referred to the Healthy Start program, they are identified as being in need of Healthy Babies funding assistance. The clients must then complete an application to enroll in the program.

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

We are seeking HSAB funding for our Health Babies program. To be eligible for this program, the client must first be identified as being at risk, be enrolled in Healthy Start, and have applied for Medicaid and been denied prenatal financial assistance. The Healthy Start staff must then refer the client as a candidate for the Healthy Babies program. An application must be completed by the client listing financial resources, monthly expenses, place of employment, family and living situation, as well as any special circumstances. An income verification form must also be completed by the client and signed by their employer. This form is accompanied by supporting financial documents such as pay stubs, tax returns, etc. Eligibility is then determined using the Federal Poverty Guidelines' annual income guides based on family size. Finally, the CEO of the Coalition must approve the application and the client must then be accepted into care by the provider.

16. Describe any networking arrangements that are in place with other agencies.

Since we are the primary agency helping families before, during and after pregnancy, other agencies use our organization as a resource and refer their clients to the Coalition with pregnancy related concerns. Agencies such as Womankind, Rural Health Network, the Good Health Clinic, CHI Clinic in Marathon and the Monroe County Health Department do not provide prenatal care. We have developed relationships with these organizations to ensure pregnant women and infants in need of services are consistently referred to the Healthy Start program.

In return, the Coalition and our Healthy Start program consistently refer our clients to the appropriate community agency to address issues such as housing, or domestic abuse. Doing so ensures each of our local social service agencies are positioned to focus their efforts on their own areas of expertise while maximizing services to clients and ensuring no duplication of services amongst agencies. The benefit to the Coalition directly is that we then are able to make the provision of medical care through Healthy Babies and other Coalition programs the benefactor of our limited resources while being confident our clients other needs and risks are being addressed elsewhere.

The Florida Keys Healthy Start Coalition participates in a Monroe County System of Care Memorandum of Agreement with multiple agencies in Monroe County. This agreement establishes continuity of care for children for the first five years of life. The Coalition also works with Wesley House, the Domestic Abuse Shelter, Samuel's House, and the Florida Keys Outreach Coalition among others to ensure efficiency of efforts.

17. List all sites and hours of operation.

Coalition Office:

Gato Building, 1100 Simonton St- Room 1, Key West, FL 33040

Hours: Monday through Friday, 8:00am to 5:00pm

Healthy Start:

Lower Keys: Gato Building, 1100 Simonton St, Key West, FL 33040

Middle Keys: Ruth Ivan Building, 3333 Overseas Highway, Marathon FL 33050

Upper Keys: Roth Building, Highpoint Rd, Tavernier, FL 33070

Hours: While the hours of operation are Monday through Friday 8:00am to 5:00pm, the Healthy Start staff often work during off-hours to accommodate client's schedules and urgent circumstances.

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

The Coalition receives most of our funding from the state of Florida. This makes us dependent on the allocations from the state's annual budget. In recent years, we have received budget cuts but have also seen an increased need among our clients due to the challenging economic environment in which we must all function. We will continue to offer the most services for our clients while negotiating the realities of reduced funding. Our Board of Directors meets quarterly and contingency plans based on reduced budgets are consistently discussed during these meetings.

An example of reduced services to the community in the last year has been the inability of the Coalition to offer child birth educator and breastfeeding counseling professional development training. Local nurses, medical and agency staffs, as well as interested citizens in the community have come to rely on the Coalition to provide these trainings at little or no cost. However, because other organizations are similarly struggling to balance diminishing budgets, they must simply do without this important training for their own staffs, since sending them to receive the training out of county is cost prohibitive. The ultimate loss to our community is an informed and currently educated maternal and child health work force to serve and support the citizens of Monroe County.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

For the past several years, we have seen an increased need for financial assistance among our clients. Monroe County residents are struggling with the high cost of living, seasonal work and frequently reduced employment hours. This leads to a greater demand for services which families are no longer able to provide on their own. Like most agencies, we are also faced with decreased funding due to our heavy reliance upon State contracts and reduced contributions through fund raising efforts. This makes being able to offer the same amount of services difficult. We are also seeing an increased lack of access to medical care among our clients. Many must rely upon Medicaid for their medical care. However, there is an increasing trend among doctors in the Keys to no longer accept Medicaid patients due to low reimbursement rates and a lack of timely payment.

Due to the current health care system, Monroe County doctors are also struggling financially and will possibly leave the community for more favorable practice environments. They have voiced concerns that they simply cannot afford to keep their practices open under the financial constraints and disproportionate number of Medicaid patients to insured and/or adequately resourced cash pay patients. As there are only 5 OB/GYNs in the Keys, losing even one of these doctors would be devastating to the care of pregnant women in our community. Similarly, there are three pediatricians providing services in Key West. Two will no longer accept Medicaid patients unless they have a sibling currently receiving care in the practice. The third will accept Medicaid-eligible newborns and infants to age 6 months, but no older children. Each of these situations impact the ability of the Coalition to secure care for our clients at our current funding level and the problem would be further exacerbated with reduced funding.

20. How are clients represented in the operation of your agency?

Client input is critical to the success of our program. Client surveys are conducted quarterly with the data compiled and included in our Quarterly Reports. The Coalition also conducts quarterly Quality Assurance reviews during which clients are consulted directly for their feedback on our services. Clients are encouraged to attend Coalition meetings and are we continue to seek client representation on our board.

During FY 2010-2011, we are conducting our Service Delivery Plan. The input received during this process will help define the Coalition's goals and mission for the next five years. In order to develop this plan, input was solicited via local focus groups and online or written surveys from anyone with an interest in maternal and child health. This included feedback from past, current and future clients.

21. Is your agency monitored by an outside entity? If so, by whom and how often?

The Coalition is monitored by the Florida Department of Health through on-site monitoring visits and desk audits on a yearly basis. Quarterly reports detailing our programming and achievement of performance measures are also submitted and reviewed.

For FY 2010-2011, the Coalition also received a grant from the Florida Department of Transportation for the Monroe County Child Passenger Safety Campaign (Contract AQ401). The FDOT similarly conducts an on-site monitoring visit as well as requiring quarterly reports and a final report at the end of the fiscal year.

By policy, the Coalition also initiates a financial review every year by an independent CPA, with a full audit conducted every third year. While not required, to better position ourselves with potential funders, we are currently having a CPA conduct a full audit every year.

22. 350 hours of program service were contributed by 30 volunteers in the last year.

Please note: Due to HIPPA laws regarding client confidentiality, the Coalition cannot utilize volunteers for direct services. However, volunteers often assist with fundraising, administration and community outreach initiatives.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No. The Coalition has vendor agreements established with four local OB/GYNs to provide the prenatal care included in the Healthy Babies program. The funding received for the Healthy Babies Program is paid directly to the local OB/GYNs providing the necessary prenatal care for these high risk clients.

24. What measurable outcomes do you plan to accomplish in the next funding year?

The Coalition plans to accomplish the following outcomes over the next year.

1. Decrease births to mothers with inadequate prenatal care from 28.1% to 25%.
2. Increase the number of women entering into first trimester prenatal care from 81% to the national goal of 84%.
3. Maintain Healthy Babies clients served at no less than 30% of total uninsured pregnant women.
4. Increase in-county prenatal care and delivery from 77% to 85%

25. How will you measure these outcomes?

1-3. Data provided by the state of Florida using statistics from the charts website provided by the Florida Department of Health (<http://www.floridacharts.com>)

3. Internal (Coalition) data tracking of total clients served by the Healthy Babies Program

4. ACHA (American Health Care Association) hospital data

4. Lower Keys Medical Center MICCU Yearly Summary

26. Provide information about units of service below. (If applying for \$5,000 or less, a response to question #26 is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Prenatal Care	10-15 visits per client, depending on when client enters into care and their risk level. Visits are scheduled at least monthly with the frequency increasing later into pregnancy.	Local OB/GYNs typically charge \$4000-\$5000 per pregnancy for self-pay patients. The Coalition pays a reduced flat rate of \$1700 to the doctor for each client's prenatal care with reserves for additional testing (pending case-by-case approval) up to \$2500 cap per client.
Lab Work	2	Lab work for a self-pay patient would cost approximately \$600. This is included in the flat rate of \$1700 that the Coalition pays for Healthy Babies clients.
Post-Partum Appointment	1	A self-pay patient would typically spend \$95 on the post-partum visit. This visit is included in the flat rate of \$1700 for the Healthy Babies Program.

27. In 300 words or less, address any topics not covered above (optional).

The Healthy Babies program of the Florida Keys Healthy Start Coalition contributes significantly to the healthy birth outcome of our most vulnerable and at risk families in our community. For every dollar spent toward a healthy birth outcome, six tax dollars are saved toward medical and social services expenses to support and care for a healthy baby. As a practical matter, this investment reduces the financial and client demands placed upon other social service and health care agencies in Monroe County.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS You must explain any "NO" answers
	YES	NO	
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		X	N/A
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses		X	N/A
L. Copy of Florida Dept. of Children And Families License or Certification		X	N/A
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits		X	N/A
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	in body of application
R. Other (specify) TWO PAGE LIMIT		X	

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

This attachment has changed please note additional information request at bottom of page.

FY12

FKHSC

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

[illegible]

****ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS** (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Florida Keys Healthy Start Coalition
Annual Meeting
December 1, 2009 10 a.m. – 2 p.m.
Marathon Yacht Club

Minutes

I. Welcome and introductions

Coalition members present: Cheryl Cottrell, Lilia Solis-Dean, Liz MacGard, Stanley Sack, Susanne Imperato, Mary Williams, Linda Welsh, Michael Cunningham, Denise Vedrenne, Jessica Lariz, Juliet Cochet, Shauna Gionfriddo, Nicole Manning.

Staff: Arianna Nesbitt, Ja Good, Leigh Ann Roach, Jody Smith Williams

Guest: Liz Samess

Consent Agenda

1. Minutes from 9/15/09 meeting
2. Audit/By-laws/Finance Committee Report (Financial Report)
3. MCH Statistics

Holly moved to approve consent, Mary seconded, motion passed.

II. Discussion Items

a. Meeting Schedule Location and Time Review

Arianna submitted the proposed meeting schedule and attachments. In-person meetings will rotate through lower, middle and upper Keys. March 2nd meeting will be in Key West, May 25th meeting will be in Key Largo. September and December physical meetings TBA. She recommended having monthly conference calls. If there is a quorum, votes may take place. Monthly calls will be Tuesdays at 3:00.

Linda commented that the phone budget is tight. Arianna explained that there is money in the meeting budget which will be used for the calls. Using the non 800 # is advised to save phone charges.

Holly moved to approve the new meeting schedule, Liz seconded. Motion passed.

b. Financial Planning

Arianna Nesbitt

Staff will create a financial guide to the Coalition, to explain income and expense streams, reimbursements, audit/review process. The guide will include monthly deposit logs and check logs, P&L from beginning of fiscal year, income and expense sheet, budget vs. expenses. Email feedback by Friday, December 23, 2009 is requested for what other components the Coalition would like to see in the guide.

A member list sheet was sent around asking for information about Coalition members. If you did not fill this out at the meeting, please email the following info to admin@keyshealthystart.org:

- Birthday
- Anniversary
- Member Since (Year)
- Volunteer Interests/Hobbies
- Fun Fact About You

All Coalition members need to have on file a Board or Coalition member agreement, confidentiality statement, and conflict of interest form. Please check the chart below and forward any of the missing documents to admin@keyshealthystart.org.

Last Name	First Name	BIO	Agreement		Confidentiality Statement	Conflict of Interest	09-10 Annual Donation
			Board	Coalition			
BOARD OF DIRECTORS							
Cottrell	Cheryl	X	X		X	X	X
Cunningham	Michael	X	X		X	X	
Gionfriddo	Shauna	X	X		X	X	
Hill	Audra	X			X	X	
MacGard	Liz	X	X		X		
Manning	Nicole	X			X	X	
Merrill	Holly	X	X		X	X	X
Vogelsang	Maggie		X		X	X	
Wintermyer	Lynn	X	X		X	X	
Welsh	Linda	X	X		X	X	
Williams	Mary	X	X		X	X	
COALITION MEMBERS							
Douglass	Keith			X	X	X	
Feeser	Pam						
Herrera	Elena						
Imperato	Susanne	X		X	X	X	
Langan	Betsy						
Lucas	Nancy						
Porcaro	Rob						
Sack	Stanley			X	X	X	
Samess	Liz	X		X	X	X	
Sembert	Cathy						
Solow	Deb						
Vedrenne	Denise	X		X	X	X	
Whidden	Angela						

3. Upper Keys

The Mommy & Me Tea was fun but lots of effort for the funds raised. The upper Keys team is considering having it at someone's house and providing the food ourselves, to cut cost and increase profits.

IV. New Business

a. Branding the Coalition

Arianna facilitated a brainstorming discussion about how to brand the Coalition to become a household word. Ideas discussed:

What do we want to be known for?

- Full service, one stop shop for pregnant women
- Assisting moms and babies for a healthy start
- Resource specialist
- Maternal child health experts
- Education
- Health Promotion
- Go-to place for pregnancy
- Dependable
- Assistance/support
- Coordination
- Interconceptional Care – health through reproductive years
- Respectful
- Empowering
- Partnership

Arianna discussed the idea of more partnership with WomanKind, to create a broader umbrella for women's health. We will be conducting a needs assessment in preparation for the Service Delivery Plan due to DOH in 2011; this should inform where there are needs, gaps in services, geography, etc.

V. Adjourn

Meeting was adjourned at 1:00 p.m.

Next meeting March 2, 2010 **in Key West** (location TBD; probably the Gato Bldg.) from 10 a.m. to 12 p.m.

FY12

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

[illegible]

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

FKHSC

*This attachment has changed, please note asterisked information at the bottom of page.
Delete or type over sample information shown.*

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 04 / 20 /11
Home Visits	Pregnant women and children birth to 3 years of age	1,500	County-wide	M-F, 8-5 with some evening appointments	640	485
Childbirth Education	Pregnant women and their families	750	County-wide	M-F, 8-5 with some evening appointments	47	29
Parenting Education	Pregnant women, new mothers and their families	750	County-wide	M-F, 8-5 with some evening appointments	90	48
Breastfeeding Education	Pregnant women, new mothers and their families	1,500	County-wide	M-F, 8-5 with some evening appointments	147	72
Smoking Cessation	Pregnant women, new mothers and their families	100	County-wide	M-F, 8-5 with some evening appointments	58	22
Financial Assistance for Prenatal Care (Healthy Babies)	Uninsured and underinsured pregnant women of limited financial resources	143	County-wide	M-F, 8-5	46	50
Childbirth Educator Training	Service providers who are currently or would like to become a resource for pregnant women and their families	25	County-wide	3 sessions as needed	6	none this year
Breastfeeding Educator Training	Service providers who are currently or would like to become resources for breastfeeding women	25	County-wide	3/5/09, 3/12/09, 3/17/09	0	none this year
Breast Pump Loan Program	Breastfeeding moms of Monroe County	750	County-wide	M-F, 8-5 with some evening appointments	35	15
Car Seat Technician Certification and Re-certification	Adults in Monroe County	45,000	County-wide	3/23/11-3/26/11	0	15

Car Seat Inspection Program	Families with children under age 13	3,050	County-wide	Events held 1/8/11, 2/19/11, 3/26/11, 4/16/11 and by appointment	105	85
Transportation assistance program	Pregnant women and mothers of infants without a car	1,000	County-wide	M-F, 8-5	220	140
Psychosocial Counseling	Pregnant women and new mothers	1,500	County-wide	M-F, 8-5	10	6
Unduplicated Clients for Entire Agency						
<i>(see instructions - this is not a total of the numbers above)</i>						
					820	417

Please indicate the number of clients served who are Monroe County residents: 100% of the clients served are Monroe County residents

Please list or describe achieved outcomes for your target populations: The Coalition provides the education, resources and support to help families before, during and after pregnancy. These services include home visits, childbirth education, parenting education, breastfeeding education, smoking cessation counseling, financial assistance for prenatal care, a breast pump loan program, car seat inspections, transportation assistance and psychosocial counseling. These services all contribute to our goal of every baby having the healthy start they deserve so that they may grow into healthy, productive citizens.

ATTACHMENT D - COUNTY FUNDING BUDGET

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

**FY12
FKHSC**

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2012	
Expenditures	Total	%
Salaries		0
Payroll Taxes		0
Employee Benefits		0
Subtotal Personnel	0	0
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
Healthy Babies Program	25,500	100.0%
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	25,500	100.0%

ATTACHMENT E - AGENCY EXPENSES

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

FY12
FKHSC

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
Expenditures	Total	%	Total	%
Salaries	136,725	20%	159,405	23%
Payroll Taxes	11,337	2%	12,090	2%
Employee Benefits	14,809	2%	10,759	2%
Subtotal Personnel	162,871	24%	182,254	26%
Postage	500	0%	700	0%
Office Supplies	1,000	0%	2,000	0%
Telephone	4,000	1%	4,000	1%
Professional Fees	8,000	1%	9,450	1%
Rent	3,060	0%	3,060	0%
Utilities	0	0	0	0
Repair and Maint.	150	0%	150	0%
Travel	5,000	1%	5,500	1%
Miscellaneous	0	0	0	0
Grants to Other Organizations		0	0	0
List others below		0		0
Advertising	750	0%	750	0%
Coalition Meetings	100	0%	100	0%
Conferences & Trainings	5,000	1%	7,000	1%
Office Equipment	2,300	0%	2,300	0%
Insurance	4,500	1%	3,000	0%
SIS Fees	1,250	0%	1,250	0%
Printing	400	0%	400	0%
Website	1,000	0%	1,500	0%
DOT Program	27,000	4%	30,000	4%
Client Assistance Program	3,000	0%	3,058	0%
Outreach and PR for Clients	2,000	0%	2,500	0%
FIMR Program	0	0	1,200	0%
Healthy Babies Program	75,500	11%	76,000	11%
Healthy Start Program (Contract with MCHD)	360,000	54%	360,000	51%
Psychosocial Program	3,500	1%	4,500	1%
Total Expenses	670,881	100%	700,672	100%

Revenue Over/(Under) Expenses	0		9,996	
-------------------------------	---	--	-------	--

ATTACHMENT F - AGENCY REVENUE

FY12

FKHSC

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

[illegible]

Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

June 30, 2010 and 2009

Florida Keys Healthy Start Coalition, Inc.

Audited Financial Statements

Table of Contents

Independent Auditor's Report.....	3
Statements of Financial Position.....	4
Statements of Activities.....	5
Statements of Functional Expenses.....	6
Statements of Cash Flows.....	7
Notes to the Financial Statements.....	8

Ronald W. Meyer, P.L.L.C.
Certified Public Accountant

504 Lavaca Street, Suite 1010 • Austin, Texas 78701 • Phone: (512) 476-4511 • Fax: (512) 476-4508

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Florida Keys Healthy Start Coalition, Inc.

We have audited the accompanying statements of financial position of Florida Keys Healthy Start Coalition, Inc. (a nonprofit corporation) as of June 30, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Coalition's management. Our responsibility is to express an opinion on these financial statements based on our audit. The information for the year ended June 30, 2009 was audited by another firm, whose report dated April 22, 2010 expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Keys Healthy Start Coalition, Inc. as of June 30, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

December 30, 2010

A handwritten signature in black ink, appearing to read "Ronald W. Meyer P.L.L.C.", with a stylized flourish at the end.

Florida Keys Healthy Start Coalition, Inc.

Statements of Financial Position

June 30, 2010 and 2009

	2010	2009
Assets		
Current Assets		
Cash and cash equivalents - operating	\$ 175,700	\$ 277,396
Cash and cash equivalents - reserve	10,000	10,000
Accounts receivable	181,137	178,622
Prepaid insurance	2,683	1,305
Total Current Assets	<u>369,520</u>	<u>467,323</u>
Assets Restricted to Investment in Furniture and Equipment		
Computer equipment	9,101	9,101
Furniture and fixtures	15,969	15,323
Accumulated depreciation	<u>(11,071)</u>	<u>(7,672)</u>
Net Assets Restricted to Investment in Furniture and Equipment	<u>13,999</u>	<u>16,752</u>
Total Assets	<u><u>\$ 383,519</u></u>	<u><u>\$ 484,075</u></u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 134,737	\$ 231,518
Credit card payable	1,302	2,366
Payroll liabilities	192	4,163
Accrued expenses	3,244	44,236
Deferred revenue	-	350
Total Current Liabilities	<u>139,475</u>	<u>282,633</u>
Net Assets		
Temporarily restricted net assets	230,045	184,690
Permanently restricted net assets	13,999	16,752
Total Net Assets	<u>244,044</u>	<u>201,442</u>
Total Liabilities and Net Assets	<u><u>\$ 383,519</u></u>	<u><u>\$ 484,075</u></u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Activities

For the Years Ended June 30, 2010 and 2009

	2010	2009
UNRESTRICTED NET ASSETS		
Net assets released from restrictions	<u>703,710</u>	<u>749,464</u>
Total Revenues, Gains, and Other Support	<u>703,710</u>	<u>749,464</u>
Expenses		
Program expenses	604,734	630,769
Management and general	<u>98,976</u>	<u>118,695</u>
Total Expenses	<u>703,710</u>	<u>749,464</u>
Increase (Decrease) - Unrestricted Net Assets	<u>-</u>	<u>-</u>
TEMPORARILY RESTRICTED NET ASSETS		
Government contracts	653,461	656,249
Grants	9,297	25,409
Donations	50,565	16,790
Donated facilities	35,359	16,649
Interest income	383	56
Net assets released from restrictions	<u>(703,710)</u>	<u>(749,464)</u>
Increase (Decrease) - Temporarily Restricted Net Assets	<u>45,355</u>	<u>(34,311)</u>
PERMANENTLY RESTRICTED NET ASSETS		
Government contracts	646	-
Depreciation	<u>(3,399)</u>	<u>(3,408)</u>
Increase (Decrease) - Permanently Restricted Net Assets	<u>(2,753)</u>	<u>(3,408)</u>
Increase (Decrease) in Net Assets	42,602	(37,719)
Net Assets at Beginning of Year	<u>201,442</u>	<u>239,161</u>
Net Assets at End of Year	<u><u>\$ 244,044</u></u>	<u><u>\$ 201,442</u></u>

The accompanying notes are an integral part of this statement.

Florida Keys Health Start Coalition, Inc.

Statements of Functional Expenses

For the Years Ended June 30, 2010 and 2009

	Program Expenses	Management & General	2010	2009
Program services	\$ 427,158	\$ -	427,158	\$ 469,742
Salaries	122,349	58,221	180,570	200,974
Occupancy expense	35,359	-	35,359	16,649
Fringe benefits	-	11,328	11,328	10,043
Contract labor	-	13,598	13,598	5,213
Accounting fees	-	-	-	6,900
Interest	-	30	30	11
Conferences/training	5,450	-	5,450	2,048
Staff travel	2,979	-	2,979	5,522
Advertising & promotion	3,023	-	3,023	1,500
Coalition meetings	493	-	493	2,001
Education & outreach	4,573	-	4,573	10,276
Equipment rental	-	2,064	2,064	2,127
Equipment & maintenance	-	118	118	295
Insurance	-	3,076	3,076	1,590
Licenses	-	1,268	1,268	1,313
Office supplies	-	1,985	1,985	2,269
Outreach & public relations	3,350	-	3,350	3,502
Postage	-	580	580	692
Printing	-	1,047	1,047	498
Storage	-	1,860	1,860	2,895
Telephone	-	3,745	3,745	3,332
Miscellaneous	-	56	56	72
Total Expenses	<u>\$ 604,734</u>	<u>\$ 98,976</u>	<u>\$ 703,710</u>	<u>\$ 749,464</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Statements of Cash Flows

For the Years Ended June 30, 2010 and 2009

	2010	2009
Cash Flows from Operating Activities		
Increase (decrease) in net assets	\$ 42,602	\$ (37,719)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	3,399	3,408
(Increase) decrease in operating assets		
Accounts receivable	(2,515)	(1,356)
Prepaid expenses	(1,378)	(1,305)
Increase (decrease) in operating liabilities		
Accounts payable	(96,781)	(71,799)
Credit card payable	(1,064)	2,366
Payroll liabilities	(3,971)	4,164
Accrued expenses	(40,992)	44,236
Deferred revenue	(350)	350
Net Cash Provided by Operating Activities	<u>(101,050)</u>	<u>(57,655)</u>
Cash Flows from Investing Activities:		
Purchases of fixed assets	<u>(646)</u>	<u>-</u>
Net Cash Provided by Investing Activities	<u>(646)</u>	<u>-</u>
Cash Flows from Financing Activities:		
Net Cash Provided by Financing Activities	<u>-</u>	<u>-</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(101,696)	(57,655)
Cash and Cash Equivalents at Beginning of Year	<u>287,396</u>	<u>345,051</u>
Cash and Cash Equivalents at End of Year	<u>\$ 185,700</u>	<u>\$ 287,396</u>
<i>Supplemental Disclosure:</i>		
Interest Paid During the Year	<u>\$ 30</u>	<u>\$ 11</u>

The accompanying notes are an integral part of this statement.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of Florida Keys Healthy Start Coalition, Inc. (hereafter referred to as the Coalition) is presented to assist in understanding the Coalition's financial statements. The financial statements and notes are representations of the Coalition's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Organization

The Coalition's goal is to improve birth outcomes through education and care to families living in Monroe County before, during, and after pregnancy. The Coalition's funding comes from grants, donations of cash and facilities as well as contracts with the Florida Department of Health. Services provided by the Coalition include care coordination, a variety of educational programs, and subsidized prenatal care to under and uninsured families in Monroe County.

Revenue

Government contract revenues presented in the Statement of Activities are both fixed cost contracts and cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred, related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are returned to the State of Florida.

Cash and Cash Equivalents

The Coalition considers all cash and other highly liquid investments with maturities of three months or less at the time of acquisition to be cash and cash equivalents for purposes of the statement of cash flows.

Accounts Receivable

An allowance for uncollectible accounts has not been provided since the management of the Coalition considers all accounts receivable to be collectible.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Assets Restricted to the Investment in Furniture and Equipment

Assets restricted to the investment in furniture and equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Donated furniture and equipment with values in excess of \$1,000 represent "in-kind" donations to the Coalition from private organizations and are recognized as support when received.

Depreciation is calculated on the straight-line method over the estimated useful life of the asset, which is principally five (5) years. Maintenance and repairs are charged to expense as incurred.

Income Taxes

The Coalition is a nonprofit corporation and exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision is made for taxes on income. Provision for income tax on unrelated business income is made when required for income from non-tax exempt activities.

Expense Allocation

Expenses are charged to programs and supporting services on the basis of periodic time and expense studies.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of Presentation

Financial statement presentation follows the recommendations of the American Institute of Certified Public Accountant's "Industry Audit Guide for Voluntary Health and Welfare Organizations." The specialized accounting and reporting principles and practices contained in the audit guide are preferable to Statement of Financial Accounting Standards (SFAS) No. 117, issued by the Financial Accounting Standards Board." The Coalition reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

NOTE 2 - SUMMARY OF FUNDING AND ACCOUNTS RECEIVABLE

The Coalition is funded through grants and contracts from various funding sources. The following summarizes major contract support for the years ended June 30, 2010 and 2009, respectively:

	<u>2010</u>	<u>2009</u>
Department of Health (Base)	\$ 544,477	\$ 545,618
Department of Health (Medicaid Waiver)	83,244	70,292
Department of Health (SOBRA)	19,487	16,074
Florida Department of Transportation	6,899	-
	<u>\$ 654,107</u>	<u>\$ 631,984</u>

At June 30, 2010 and 2009, contracts and other receivables amounted to \$181,137 and \$178,622, respectively.

NOTE 3 - ASSETS RESTRICTED TO INVESTMENTS IN FIXED ASSETS

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2010 and 2009, respectively:

	<u>2010</u>	<u>2009</u>
Computer and Office Equipment	\$ 9,101	\$ 9,101
Furniture and Fixtures	15,969	15,323
	<u>25,070</u>	<u>24,424</u>
Accumulated Depreciation	(11,071)	(7,672)
	<u>\$ 13,999</u>	<u>\$ 16,752</u>

Florida Keys Healthy Start Coalition, Inc.

Notes to the Financial Statements

For the Years Ended June 30, 2010 and 2009

NOTE 4 - DONATED FACILITIES

The Coalition's premises are provided free of charge by the Monroe County Health Department in Key West, Florida. These donated facilities are recorded as contributions with a corresponding expense in the Coalition's financial statements based on the use of a determinable method to assign a value to this service provided by the Monroe County Health Department. For the years ended June 30, 2010 and 2009, respectively, the donated facilities were valued at \$35,359 and \$16,649.

Depreciation expense for the years ended June 30, 2010 and 2009, were \$3,399 and \$3,408, respectively.

NOTE 5 - COMMITMENTS AND CONTINGENCIES

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been recorded in the financial statements.

NOTE 6 - SIMPLIFIED EMPLOYEE PENSION PLAN

The Coalition has a simplified employee pension plan whereby it contributes 5% of full-time employees annual compensation. Part-time employees who work 30 or more hours per week will have a pro-rata percentage contributed based on the number of hours worked. The Coalition may elect to contribute up to 25% of all participants' compensation for any calendar year, subject to Internal Revenue Service annual allowable compensation limits. Total expense for the year ended June 30, 2010, was \$7,391.

NANCY J. WILLIAMSON, PC
P.O. BOX 91418
AUSTIN, TX 78709

FLORIDA KEYS HEALTHY
START COALITION, INC.
1100 SIMONTON STREET
KEY WEST, FL 33040
ATTENTION: ARIANNA NESBITT
|||||||

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

NANCY J. WILLIAMSON, PC
CERTIFIED PUBLIC ACCOUNTANT
P.O. BOX 91418
AUSTIN, TEXAS 78709-1418

MARCH 2, 2011

FLORIDA KEYS HEALTHY
START COALITION, INC.
1100 SIMONTON STREET
KEY WEST, FL 33040
ATTENTION: ARIANNA NESBITT

DEAR ARIANNA:

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS.

I SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT ME IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

I HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED ME
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. I
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH
POSSIBLE EXAMINATIONS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

NANCY J. WILLIAMSON, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2010

Prepared for	FLORIDA KEYS HEALTHY START COALITION, INC. 1100 SIMONTON STREET KEY WEST, FL 33040
Prepared by	NANCY J. WILLIAMSON, PC P.O. BOX 91418 AUSTIN, TX 78709
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.
See Specific Instructions.**C** Name of organization**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1100 SIMONTON STREETCity or town, state or country, and ZIP + 4
KEY WEST, FL 33040**F** Name and address of principal officer: **ARIANNA NESBITT
SAME AS C ABOVE****D** Employer identification number**65-0051482****E** Telephone number**305-293-8424****G** Gross receipts \$**695,702.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.KEYSHEALTHYSTART.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENSURE BABIES ARE BORN HEALTHY TO PARENTS WHO ARE PREPARED IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	698,449.	695,319.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55.	383.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	698,504.	695,702.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	469,742.	408,507.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	211,018.	191,898.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,010.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	55,462.	52,695.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,222.	653,100.
19 Revenue less expenses. Subtract line 18 from line 12	-37,718.	42,602.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	484,075.	383,519.
	22 Net assets or fund balances. Subtract line 21 from line 20	282,633.	139,475.
		201,442.	244,044.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

ARIANNA NESBITT, CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

NANCY J. WILLIAMSON, CPA

Date

03/02/11Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

NANCY J. WILLIAMSON, PC**P.O. BOX 91418****AUSTIN, TX 78709**Phone no. ▶ **(512) 432-5236**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

65-0051482 Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
**TO IMPROVE BIRTH OUTCOMES THROUGH EDUCATION AND SUPPORT SERVICES TO
 FAMILIES BEFORE, DURING AND AFTER PREGNANCY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **443,258.** including grants of \$) (Revenue \$)
**THE HEALTHY START PROGRAM SERVED OVER 550 OF THE 750 FAMILIES IN MONROE
 COUNTY WHO BECAME NEW PARENTS THIS YEAR. SERVICES PROVIDED INCLUDED
 CARE COORDINATION, CHILDBIRTH EDUCATION, BREASTFEEDING COUNSELING,
 MEDICAID APPLICATION ASSISTANCE, NUTRITIONAL COUNSELING, SMOKING
 CESSATION, PARENTING EDUCATION AND INTERCONCEPTIONAL CARE.**

4b (Code:) (Expenses \$ **56,262.** including grants of \$) (Revenue \$)
**THE HEALTHY BABIES PROGRAM SERVED OVER 50 FAMILIES ENSURING THAT THE
 RECEIVED THE PRENATAL CARE NECESSARY TO HAVE A HEALTHY BABY. BY
 PARTNERING WITH OUR 5 LOCAL DOCTORS AND OTHER COMMUNITY MEMBERS THIS
 PROGRAM COVERS REDUCED FEE MEDICAL VISITS, LAB WORK REQUIREMENTS,
 ULTRASOUNDS, TRANSPORTATION ASSISTANCE, AND NUMEROUS OTHER REQUESTS TO
 ACHIEVE THIS GOAL.**

4c (Code:) (Expenses \$ **5,321.** including grants of \$) (Revenue \$)
**THROUGH THE CHILD SAFETY PROGRAM THIS YEAR WE ENSURED OVER 300 CHILDREN
 WERE TRAVELING IN NON EXPIRED, PROPERLY INSTALLED CHILD SAFETY SEATS.
 THIS PROGRAM ALLOWED FOR US TO TRAIN OVER 8 VOLUNTEERS IN THE PROPER
 INSPECTION AND INSTALLATION OF THE SEATS, AS WELL AS, ALLOWING US TO
 HOLD 6 COMMUNITY WIDE EVENTS PROMOTING THE IMPORTANCE OF CHILD
 PASSENGER SAFETY.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ **504,841.**

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Form 990 (2009)

65-0051482 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form **990** (2009)

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Form 990 (2009)

65-0051482 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Form 990 (2009)

65-0051482 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	8	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
5a	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6b	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
7a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7b	Organizations that may receive deductible contributions under section 170(c).		
7c	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7d	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7e	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7f	If "Yes," indicate the number of Forms 8282 filed during the year		
7g	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7h	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
9a	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
9b	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9c	Sponsoring organizations maintaining donor advised funds.		
9d	Did the organization make any taxable distributions under section 4966?		
9e	Did the organization make a distribution to a donor, donor advisor, or related person?		
10a	Section 501(c)(7) organizations. Enter:		
10b	a Initiation fees and capital contributions included on Part VIII, line 12		
10c	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11a	Section 501(c)(12) organizations. Enter:		
11b	a Gross income from members or shareholders		
11c	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ARIANNA NESBITT - 305-293-8424**
1100 SIMONTON STREET, KEY WEST, FL 33040

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Form 990 (2009)

65-0051482 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

65-0051482 Page 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	654,107.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,212.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			695,319.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			383.	383.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			695,702.	383.	0.	0.	

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	408,507.	408,507.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,369.	13,874.	48,558.	6,937.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	107,030.	64,218.	32,109.	10,703.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,696.	2,217.	1,109.	370.
9 Other employee benefits				
10 Payroll taxes	11,803.		11,803.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	3,023.	3,023.		
13 Office expenses	1,985.		1,985.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	2,979.	2,979.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,450.	5,450.		
20 Interest	30.		30.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,400.		3,400.	
23 Insurance	3,076.		3,076.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT LABOR	13,598.		13,598.	
b EDUCATION AND OUTREACH	4,573.	4,573.		
c TELEPHONE	3,745.		3,745.	
d OUTREACH AND PUBLIC REL	3,350.		3,350.	
e EQUIPMENT RENTAL AND MA	2,182.		2,182.	
f All other expenses	5,304.		5,304.	
25 Total functional expenses. Add lines 1 through 24f	653,100.	504,841.	130,249.	18,010.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	287,396.	1	185,700.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	178,622.	3	181,137.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,305.	9	2,683.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,070.		
	b Less: accumulated depreciation	11,071.	16,752.	13,999.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	484,075.	16	383,519.	
Liabilities	17 Accounts payable and accrued expenses	278,469.	17	139,283.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,164.	25	192.
	26 Total liabilities. Add lines 17 through 25	282,633.	26	139,475.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets		184,690.	28	230,045.
29 Permanently restricted net assets		16,752.	29	13,999.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		201,442.	33	244,044.
34 Total liabilities and net assets/fund balances		484,075.	34	383,519.

Form 990 (2009)

FLORIDA KEYS HEALTHY
START COALITION, INC.

65-0051482 Page 12

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____

b Were the organization's financial statements audited by an independent accountant? _____

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

Yes No

2a

X

2b

X

2c

3a

X

3b

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **FLORIDA KEYS HEALTHY
START COALITION, INC.**

Employer identification number
65-0051482

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

FLORIDA KEYS HEALTHY

Schedule A (Form 990 or 990-EZ) 2009 **START COALITION, INC.**

65-0051482 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	545,869.	670,151.	682,184.	698,504.	695,319.	3292027.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	19,764.	19,764.	19,885.	16,649.	54,359.	130,421.
4 Total. Add lines 1 through 3	565,633.	689,915.	702,069.	715,153.	749,678.	3422448.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3422448.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	565,633.	689,915.	702,069.	715,153.	749,678.	3422448.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				55.	383.	438.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3422886.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

FLORIDA KEYS HEALTHY
START COALITION, INC.

Employer identification number

65-0051482

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

FLORIDA KEYS HEALTHY
START COALITION, INC.

Employer identification number

65-0051482

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN A-13 TALLAHASSEE, FL 32399-1723	\$ 647,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FLORIDA KEYS HEALTHY
START COALITION, INC.

Employer identification number

65-0051482

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FLORIDA KEYS HEALTHY
START COALITION, INC.**

Employer identification number
65-0051482

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,070.	11,071.	13,999.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,999.

Schedule D (Form 990) 2009

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	695,702.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	653,100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	42,602.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	42,602.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	749,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	54,359.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-996.
e	Add lines 2a through 2d	2e	53,363.
3	Subtract line 2e from line 1	3	695,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	695,702.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	703,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	54,359.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-350.
e	Add lines 2a through 2d	2e	54,009.
3	Subtract line 2e from line 1	3	649,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	3,399.
c	Add lines 4a and 4b	4c	3,399.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	653,100.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

THE ITEMS LISTED IN THE OTHER CATEGORY WHERE MISC AMOUNTS THAT WE HANDLED

DIFFERENTLY ON THE AUDIT. DUE TO THEIR IMMATERIALITY, IT WAS DETERMINED

THAT THE AUDIT WOULD NOT BE RE-ISSUED.

24

FLORIDA KEYS HEALTHY
START COALITION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COST REIMBURSEMENT CONTRACT TO THE MONROE COUNTY HEALTH DEPARTMENT	750	0.	0.		THE COST REIMBURSEMENT CONTRACT (NOT A GRANT) IS WITH THE MONROE COUNTY HEALTH DEPARTMENT, HOWEVER, THIS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE COST REIMBURSEMENT CONTRACT (NOT A GRANT) IS WITH THE MONROE COUNTY HEALTH DEPARTMENT, HOWEVER, THIS CONTRACT DOES NOT FUND THE MCHD. RATHER, THE CONTRACT FUNDS THE HEALTHY START PROGRAM WHERE THROUGH THE STATE OF FLORIDA, THE COALITION IS CHARGED WITH ASSISTING WOMEN AND THEIR FAMILIES BEFORE, DURING AND AFTER PREGNANCY. EACH YEAR THE COALITION'S SUCCESS IS MEASURED BY THE NUMBER AND TYPE OF SERVICES THEY PROVIDED NOT BY THE NUMBER OF CLIENTS SERVED.

APPROXIMATING THE NUMBER OF RECIPIENTS INCLUDING BOTH MOMS AND BABIES

25

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public
Inspection

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization **FLORIDA KEYS HEALTHY
START COALITION, INC.** Employer identification number
65-0051482

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>DONATED FACIL</u>)	X	1	0.	FAIR MARKET VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FLORIDA KEYS HEALTHY
START COALITION, INC.

Employer identification number
65-0051482

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE
FORM 990 AND PROVIDES IT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND
APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST
DISCLOSURES ARE REVIEWED AND ADDRESSED BY THE BOARD TO DETERMINE THE ACTION
THAT NEEDS TO BE TAKEN.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE DURING
STANDARD BUSINESS OPERATING HOURS AT OUR LOCATION: 1100 SIMONTON STREET,
KEY WEST, FL 33040

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
112	MONITORS	012705SL	5.00	16		514.			514.	463.		51.
12	PRINTER OKI	020206SL	5.00	16		425.			425.	334.		85.
13	COMPUTER DEM E310	062906SL	5.00	16		972.			972.	631.		194.
14	INJOY DVDS	052307SL	10.00	16		10,978.			10,978.	2,287.		1,098.
15	DESKS - 2	012005SL	7.00	16		760.			760.	553.		109.
16	SHELVING	052406SL	7.00	16		126.			126.	55.		18.
32	TOSHIBA OVERHEAD	063004200DB	5.00	17		1,318.			1,318.	1,318.		0.
33	M OVERHEAD	063004200DB	5.00	17		230.			230.	230.		0.
55	PRINTER	063008SL	5.00	16		399.			399.	80.		80.
56	COMPUTER	063008SL	5.00	16		2,008.			2,008.	402.		402.
57	COMPUTER	063008SL	5.00	16		2,008.			2,008.	402.		402.
58	COMPUTER	063008SL	5.00	16		2,007.			2,007.	401.		401.
59	COMPUTER	063008SL	5.00	16		2,007.			2,007.	401.		401.
60	CELL PHONE	063008SL	7.00	16		376.			376.	54.		54.
61	CAMERA	063008SL	5.00	16		187.			187.	37.		37.
62	PRINTER DESKS AND	063008SL	5.00	16		109.			109.	22.		22.
63	ACCESSORIES	121609SL	7.00	16		646.			646.			46.
* TOTAL 990 PAGE 10						25,070.		0.	25,070.	7,670.	0.	3,400.
DEPR												

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

28.1

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010**2009**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**FLORIDA KEYS HEALTHY
START COALITION, INC.**

Employer identification number

65-0051482

Name and title of officer

**ARIANNA NESBITT
CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>695702</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize NANCY J. WILLIAMSON, PC to enter my PIN 12345
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

74131878323

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/02/11

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
923051
03-02-10

Form **8879-EO** (2009)

Department of The Treasury

Internal Revenue Service
EO Group 7404
Suite 1109, Stop 520
401 West Peachtree St.
Atlanta, GA 30365

MONROE COUNTY PERINATAL NETWORK INC
PO BOX 9107
KEY WEST, FL 33041

Person To Contact:
Kim Artis
Telephone Number:
(404)331-4967
Refer Reply To:
EO:7404:AM
EIN: 65-0051482

Date: MAR 17 1994

Dear Sir or Madam:

We have received and reviewed the amended organizing documents that you submitted on behalf of your organization, in which the organizing documents were approved and/or adopted on 11/19/93. This information has been made a part of your file.

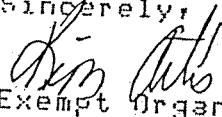
Your organization shall continue to be recognized as exempt under Section 501(C)(3) of the Internal Revenue Code, effective as of 04/93. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

Please continue to let us know of any changes in the purpose, character, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

A copy of this letter should remain in your permanent records, as it may help resolve any question about your exempt status.

Thank you for your cooperation.

Sincerely,


Exempt Organizations
Coordinator



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077556534
Apr. 02, 2009 LTR 4168C 0
65-0051482 000000 00 000
00029020
BODC: TE

FLORIDA KEYS HEALTHY START
COALITION INC
1100 SIMONTON ST
KEY WEST FL 33040-3110

015410

Employer Identification Number: 65-0051482
Person to Contact: SHARON LENARD
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in July 1993, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations

EMPLOYMENT POLICIES

At Will Employment

Policies set forth in this handbook are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between Florida Keys Healthy Start Coalition of Monroe County, Inc. and any of its employees. **All employees of the Coalition are employed at-will.** Accordingly, either the employee, or the Coalition can terminate employment at any time, with or without prior notice or counseling.

The Coalition employees have no authority to make any agreements or promises altering an employee's status as an employee-at-will, unless in writing and signed by the CEO. These provisions supercede all existing policies and practices and may not be amended or added to without the express written approval of the Board of Directors.

If any provision is found to be in conflict with Florida or Federal law, the remaining provisions of the Policy will remain in full force and effect.

Equal Employment Opportunity

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the Coalition will be based on merit, qualifications, and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's or employee's race, color, religion, sex, national origin, age, or any other characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employee with questions or concerns about any type of discrimination in the workplace is encouraged to bring these issues to the attention of their immediate supervisor or the CEO. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Immigration Law Compliance

The Coalition is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with the Coalition within the past 3 years, or if their previous I-9 is no longer retained or valid.



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

MONITORING OF HEALTHY START COALITION CONTRACTS
FLORIDA KEYS HEALTHY START COALITION, INC.

Dates of Review: May 27 – May 28, 2010

Contract Numbers: COSO9-R3; COSP2-R3; COSP1-R3

Contract Amounts: \$544,477; \$85,262; \$16,731 (\$646,470 Total)

Date of Report: October 7, 2010

Contract Period: July 1, 2009 – June 30, 2010

Department Representative: Laura D. Pan, Contract Manager

Coalition Representative: Arianna Nesbitt, Chief Executive Officer
Ja Good, Contract Manager

On May 27-28, 2010, the Department of Health (DOH) contract manager conducted an annual monitoring of the Healthy Start Administrative and Direct Services contract, as well as the Medicaid Waiver and Sixth Omnibus Budget Reconciliation Act (SOBRA) contracts to determine if the coalition was in compliance with the terms and conditions of these contracts. The coalition and its subcontracted provider, the Monroe County Health Department, are to be commended on the manner in which services are being provided and the good working relationship they have forged.

The monitoring tool (Attachment I) was developed using the department's Standard Contract and Attachment I of each of these contracts. The monitoring included looking at the Department's Health Problem Analysis for 2008 (Attachment II), Healthy Start direct service data reports, infant and prenatal screening results for the fiscal year, Waiver performance measures reports and SOBRA record reviews as well as reviewing previous deliverables submitted by the coalition.

The Department commends the coalition on the manner in which they are providing for the provision of clinical prenatal care to women who have no other source of payment and for the provision of Healthy Start care coordination services to pregnant women and infants. Upon the conclusion of the monitoring visit, the department has determined that there are no areas of corrective action necessary and that the coalition is in compliance with the terms and conditions of these three contracts.

A brief synopsis of the content of the monitoring visit is listed below:

A. Health Problem Analysis (HPA) - Attachment II

Infant Deaths – Actual versus Expected

The actual infant death rate of 5.58% was higher than the expected infant death rate of 4.00% with the actual rate not significantly different than the expected rate.

Low Birth Weight – Actual versus Expected

The actual low birthweight percent of 7.25% is lower than the expected low birthweight percent of 7.81% with the actual rate not significantly different than the expected rate.

Infant Mortality

The single-year rates for Total and White populations have increased with the Total below the state rate and White population above the state rate for 2008. The Black and Other populations have remained the same at 0.0% and are below the state rate. The 2006-2008 three-year rolling average also shows an increase in All Races, White and Black when compared to the 2005-2007 three-year rolling average.

Neonatal Mortality

The 2008 Total and White rates have increased from 2007 but are below the state rate. The Black and Other rates have remained the same as in 2007 and are below the state rate as well. The 2006-2008 three-year rolling average shows an increase in All Races, White and Black with the Other population remained at 0.0% when compared to the 2005-2007 rate.

Postneonatal Mortality

The 2008 Total and White rates have increased and are above the state rate while the Black and Other rates have remained the same and are below the state rate. The three-year rolling average for 2006-2008 shows that All Races and White have slightly increased when compared to the 2005-2007 rolling average.

Fetal Mortality

The single-year 2008 rates for Total, Black and Other show an increase when compared to the 2007 rates for the same population. The Total and White rates are below the state rate while the Black and Other rates are above. The 2006-2008 three-year rolling average shows an increase in All Races, White, Black and Other rates when compared to the 2005-2007 rolling average.

Low Birth Weight

The single-year numbers and rates for 2008 have decreased for the Total, White and Black populations but the Other rate has increased and is above the state rate when compared to the 2007 rate. The 2006-2008 three-year rolling average shows a decrease in the All Races, White and Black population while the Other rate has increased when compared to the 2005-2007 three-year rolling average.

Very Low Birth Weight

There is a decrease in the 2008 single-year data for the Total and Black populations while the White and Other populations have remained unchanged from the 2007 calendar year. The Total, Black and Other rates are below the state rate while the White rate is the same as in 2007. The 2006-2008 three-year rolling averages are below the 2005-2007 rates for All Races, White, Black and Other categories.

Births to Teens

Mothers age 10-14 and 15-17 have shown a single-year decrease or remained the same in 2008 while the percentage of repeat births to teens age 15 – 19 has increased.

Smoking Prevalence

When comparing the 2006, 2007 and 2008 single-year data, the percentage of mothers reporting smoking has increased to 5.86% in 2008 from 2.78% in 2006. Although the 2008 rate has decreased, the 2008 rate of 5.86% remains below the state rate of 6.77%.

Prenatal Care by Trimester

First trimester entry into prenatal care for 2008 is above the state rate; second trimester entry is below the state rate and third trimester is below as well. The no prenatal care category is above the state rate.

B. Prenatal and Infant Screening Rates

Using the latest data available at the time of this monitoring (March 2010), the coalition met and exceeded its prenatal and infant screening goals for the 2009-2010 fiscal year. The consent to screen goal was also met and exceeds the state rate. The percentages are listed below:

FLORIDA KEYS	Prenatal Screening Rate Will Increase to 63.0 %	Infant Screening Rate Will Increase to 90.0%	Consent to the Prenatal Screen Will Increase to 91.0%
7/1/09 – 03/31/10 (10 mos.)	89.19%	98.46%	99.57%
State Rate	80.55%	88.16%	86.30%

C. Waiver Contract - Intensity and Duration of Healthy Start Services

The GH330L and the Executive Summary (July 2009 through March 2010) reports were reviewed to determine service delivery and if there has been an increase in the intensity and duration of Healthy Start services since the baseline year of the Medicaid Waiver in 1999/2000.

1a) On the prenatal Executive Summary Report, there are more services per encounter for level 3 (4.03%) than there are for levels 2 (2.38 - 2.94%) or 1 (2.40 – 3.29%). The correlation we are looking for is that as the level increases, along with the services per encounter. Level 3 prenatal participants were at 10.43% in March, 2010 which is above the Level 3 state rate of 10.38% for this time period and significantly above the baseline 1999/2000 fiscal year rate of 6.03% for Level 3 participants.

Executive Summary Report – Prenatal

SFY	Total HS Women	Women Level 3 %	State Level 3 %	Number of Encounters	Encounters/ Woman %	Number of Services	Services/ Encounter %
99-00 State	74,560	6.03%	6.03%	38,316	8.52%	130,747	3.41%
09/10 FKHSC	460	10.43%	10.38%	552	11.50%	2,225	4.03%

1b) On the infant Executive Summary Report, there are more services per encounter for level 3 (5.26%) than there are for levels 2 (2.70 - 3.39%) or 1 (2.91 – 3.60%). Once again, the correlation we are looking for is that the level increases along with the services per encounter. Level 3 infant participants were at 8.99% in March, 2010 which is below the Level 3 state rate of 10.62% for this time period but above the baseline 1999/2000 fiscal year rate of 7.15% for Level 3 participants.

Executive Summary Report – Infant

SFY	Total HS Infants	Infant Level 3 %	State Level 3 %	Number of Encounters	Encounters/ Infant %	Number of Services	Services/ Encounter %
99-00 State	59,716	7.15%	7.15%	41,096	9.63%	152,241	3.70%
09/10 FKHSC	278	8.99%	10.62%	250	10.00%	1,316	5.26%

2a) On the prenatal GH 330L report for the period July 1, 2009 through March 31, 2010, the care coordination components are listed below and vary when compared to the baseline year of 1999-2000. Results are listed below:

GH330L Report – Prenatal (PC 26/27)

Service Units Components	7/99- 6/00 FY Baseline	7/09- 3/10 (Complete FY)	99/00- 09/10 FY Comparison
Initial Contact	1,204	2,022	Increase
Initial Assmnt.	1,125	886	Decrease
Care Coord.	6,060	7,043	Increase
Other HS Serv.	1,127	1,568	Increase

On the infant GH 330L report for the period 07/01/2009 through March 31, 2010, the care coordination components are listed below and vary when compared to the baseline year of 1999-2000. Results are listed below:

GH330L Report – Infant (PC 30/31)

Service Units Components	7/99-6/00 FY Baseline	7/09- 3/10 (Complete FY)	99/00-09/10 FY Comparison
Initial Contact	576	1,150	Increase
Initial Assmnt.	356	577	Increase
Care Coord.	2,775	3,062	Increase
Other HS Serv.	534	1,409	Increase

D. Non-Expendable Property Inventory

The coalition's property inventory was sent to the contract manager and satisfies this item in the contract Attachment I and monitoring tool.

E. Emergency Plan to Respond To Public Health Crises

The coalition has a comprehensive emergency plan evacuation and post-evacuation procedures for coalition staff as well as for Healthy Start participants. The coalition has created a brochure titled, "Hurricane Preparedness for Mothers" which includes a preparedness checklist, child hazards and the coalition phone number and website. This is given to all Healthy Start participants by coalition and MCHD staff.

F. Efforts to Improve Community Involvement – Chapter 22

As listed in the monitoring tool, each of the standards for Chapter 22 was discussed. The chief executive officer and contract manager were able to convey the strengths that the Coalition has been able to achieve on the monitoring bulleted items as well as being aware of the gaps that need to be addressed in future years.

G. SOBRA MomCare Program

Record Reviews

Since the coalition subcontracts with the Monroe County Healthy Start Coalition for the provision of MomCare Services, we reviewed the most recent record review summary available which was completed by the Chief Executive Officer in January, 2010. Twenty-nine records were reviewed by the coalition with the outcomes listed below:

- 100% received an initial contact attempt within 5 days from receipt of notice from the fiscal agent;
- 93.0% were successfully contacted;
- 93.0% received the initial contact services;
- 3.0%, or 1 enrollee, was auto-assigned;
- 66.0% received follow-up services with 30.0% not due yet and 3% not applicable;
- A client satisfaction survey was facilitated with 93.0% of the enrollees.

SOBRA Contract Performance Measures

A review of the contract performance measures July 1, 2009 through March 31, 2010 on the Total/All Clients report shows that all performance measures are being met or exceeded. This is an excellent job. The measures are listed below:

Monitoring Report of Florida Keys Healthy Start Coalition, Inc.
Page Seven
October 7, 2010

Goal	Achieved as of 03/31/10
75% of enrollees will receive an attempt to contact within 5 working days of referral	98.28%
85% of auto-assigned enrollees will receive three documented attempts to contact	100.00%
85% of the enrollees will be enrolled with a prenatal care provider within 30 days	93.64%
85% of enrollees successfully contacted will receive, or will have already received, WIC information	97.45%
70% of recipients that have been auto-assigned or not verbally contacted but their provider choice is registered, will receive an additional attempt to communicate (by letter, phone or face-to-face) prior to the follow-up service provided between the sixth and ninth months of pregnancy.	55.56% - this has been identified as a MomCare Advisor and coalition staff training issue.

LP/js
Attachments

cc: Holly Merrill Raschein, Board President
Karen Coon, Registered Nursing Consultant Coordinator
Kris-Tena Albers, Executive Community Health Nursing Director